

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Advanced Medical Optics Inc Political Action Committee

ADDRESS (number and street)

2148 E. Orangeview Ln.

☐Check if different  
than previously  
reported. (ACC)

Orange

CA

92867

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00379719

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

11

28

2006

through

12

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Edith Bennett

Signature of Treasurer

Electronically Filed by Edith Bennett

Date

12

09

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Advanced Medical Optics Inc Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	8	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		20944.38
(b) Cash on Hand at Beginning of Reporting Period .....	5940.37	
(c) Total Receipts (from Line 19) .....	4086.14	30632.13
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	10026.51	51576.51
7. Total Disbursements (from Line 31) .....	4010.00	45560.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6016.51	6016.51
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Advanced Medical Optics Inc Political Action Committee

Report Covering the Period:

From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3820.38	22703.90
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	265.76	7928.23
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4086.14	30632.13
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	4086.14	30632.13
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4086.14	30632.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4086.14	30632.13

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		4000.00	45500.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		10.00	60.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		4010.00	45560.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		4010.00	45560.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	4086.14	30632.13
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4086.14	30632.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 22

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)

Anthony Amado

Mailing Address 16 Quailbush Dr.

City State Zip Code  
 Fairport NY 14450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMO

Occupation  
Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

827.35

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5475

Amount of Each Receipt this Period

103.52

payroll deduction

B. Full Name (Last, First, Middle Initial)

Sheree Aronson

Mailing Address 24 Aguila Way

City State Zip Code  
 Coto de Caza CA 92679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMO

Occupation  
VP Corp Comm.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1231.62

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5458

Amount of Each Receipt this Period

189.48

payroll deduction

C. Full Name (Last, First, Middle Initial)

George Bator

Mailing Address 4 Aspen Way

City State Zip Code  
 Thornwood NY 10594

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMO

Occupation  
Territory Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.42

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5476

Amount of Each Receipt this Period

33.86

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

326.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Edward Blanco		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 103 Ripple Creek		<b>Transaction ID:</b> SA11A1.5477
City San Antonio	State TX	Zip Code 78231
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C		Amount of Each Receipt this Period 50.00
Name of Employer AMO	Occupation Territory Manager	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Donald Brydon		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 4627 Shavano Birch		<b>Transaction ID:</b> SA11A1.5478
City San Antonio	State TX	Zip Code 78230
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C		Amount of Each Receipt this Period 40.00
Name of Employer Advanced Medical Optics	Occupation Nat'l Equip Sales Mgr	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Chris Calcaterra		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 6 Michener Ln.		<b>Transaction ID:</b> SA11A1.5479
City Coto de Caza	State CA	Zip Code 92679
FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C		Amount of Each Receipt this Period 177.40
Name of Employer Advanced Medical Optics	Occupation VP, Sales & Marketing	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1147.97	

**SUBTOTAL** of Receipts This Page (optional) .....

267.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)

Alan L. Cebrian

Mailing Address 9245 Cadenza St.

City State Zip Code  
 Sacramento CA 95826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMO

Occupation  
DM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

568.76

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5481

Amount of Each Receipt this Period

70.92

payroll deduction

B. Full Name (Last, First, Middle Initial)

Max H. Dansereau

Mailing Address 5486 E. Mineral Ln.

City State Zip Code  
 Littleton CO 80122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMO

Occupation  
Senior Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5484

Amount of Each Receipt this Period

50.00

payroll deduction

C. Full Name (Last, First, Middle Initial)

William G. Fox

Mailing Address 16926 Windrow Dr.

City State Zip Code  
 Spring TX 77379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMO

Occupation  
Senior Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5486

Amount of Each Receipt this Period

60.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

180.92

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
James Francese  
Mailing Address 5574 E. Edinger Ave.

City State Zip Code  
Anaheim CA 92807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Medical optics

Occupation  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

785.33

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5460

Amount of Each Receipt this Period

121.36

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
John R. Garland  
Mailing Address 22352 Rosebriar

City State Zip Code  
Mission Viejo CA 92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMO

Occupation  
Senior Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5487

Amount of Each Receipt this Period

40.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Grant W. Gelb  
Mailing Address 6553 W. Summerdale Cir.

City State Zip Code  
Ypsilanti MI 48197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMO

Occupation  
Equipment Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.87

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5488

Amount of Each Receipt this Period

62.96

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

224.32

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 / 22

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Curtis Grelle Mailing Address 10212 Leeward Blvd. City Indianapolis State IN Zip Code 46256 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Advanced Medical Optics Occupation Sr. Training Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5489 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>50.00</td> </tr> </table> payroll deduction	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	6									50.00
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		3	1		2	0	0	6																							
								50.00																								
<b>B.</b> Full Name (Last, First, Middle Initial) Tom E. Grosskopf Mailing Address 22831 North 53rd St. City Phoenix State AZ Zip Code 85054 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AMO Occupation Vice President Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 977.38			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5490 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>151.04</td> </tr> </table> payroll deduction	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	6									151.04
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		3	1		2	0	0	6																							
								151.04																								
<b>C.</b> Full Name (Last, First, Middle Initial) Julie A. Hupfauer Mailing Address 13309 Oddom Ct. City Cypress State TX Zip Code 77429 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AMO Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5493 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>60.00</td> </tr> </table> payroll deduction	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	6									60.00
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		3	1		2	0	0	6																							
								60.00																								

**SUBTOTAL** of Receipts This Page (optional) .....**261.04****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Patrick B. Jacques

Mailing Address 1220 St. Paul St.

City State Zip Code  
Denver CO 80206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMO

Occupation  
Equipment Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5494

Amount of Each Receipt this Period

40.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)

Erik C. Kramme

Mailing Address 3253 N. Leavitt St.

City State Zip Code  
Chicago IL 60618

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMO

Occupation  
Equipment Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5495

Amount of Each Receipt this Period

40.00

payroll deduction

**C.** Full Name (Last, First, Middle Initial)

Richard Lynn

Mailing Address 56 Valley Estates

City State Zip Code  
Little Rock AR 72212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMO

Occupation  
Senior Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5496

Amount of Each Receipt this Period

40.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

James V. Mazzo

Mailing Address P.O. Box 25162

City State Zip Code  
 Santa Ana CA 92799

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Medical Optics

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5462

Amount of Each Receipt this Period

200.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)

Terrance McNulty

Mailing Address 2725 E. 47th St.

City State Zip Code  
 Tulsa OK 74105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Medical Optics

Occupation  
Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.13

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5497

Amount of Each Receipt this Period

50.06

payroll deduction

**C.** Full Name (Last, First, Middle Initial)

George W. Merrill

Mailing Address 294 Oak View Ct.

City State Zip Code  
 Auburn CA 95603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Medical Optics,  
Inc.

Occupation  
Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5498

Amount of Each Receipt this Period

70.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

320.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Francine Meza		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 32 Flores		
City	State	Zip Code
Foothill Ranch	CA	92610
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.5463
Name of Employer Advanced Medical Optics		Amount of Each Receipt this Period 100.00
Occupation VP Human Resources		payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 600.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Sean M. Morrissey		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 210 Goodings Trail		
City	State	Zip Code
Baldwinsville	NY	13027
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.5500
Name of Employer AMO		Amount of Each Receipt this Period 95.98
Occupation Equipment Specialist		payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 801.27		

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Nardone		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 393 Broombridge Way		
City	State	Zip Code
Marietta	GA	30066
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.5501
Name of Employer AMO		Amount of Each Receipt this Period 50.00
Occupation Equipment Specialist		payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 325.00		

**SUBTOTAL** of Receipts This Page (optional) .....

245.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mitchell Nelson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 3500 Mile Creek		
City	State	Zip Code
Irvine	TX	75063
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.5502
Name of Employer AMO		Amount of Each Receipt this Period 40.00
Occupation Territory Manager		payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 260.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Jonathan Patton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 5220 W. 157th Pl.		
City	State	Zip Code
Overland Park	KS	66224
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.5503
Name of Employer AMO		Amount of Each Receipt this Period 128.52
Occupation Equipment Specialist		payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 1838.76		

<b>C.</b> Full Name (Last, First, Middle Initial) Alan H. Peck		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 9 Kimberry Dr.		
City	State	Zip Code
Brookfield	CT	06804
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.5504
Name of Employer Advanced Medical Optics		Amount of Each Receipt this Period 121.14
Occupation Surgical Territory Manager		payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 792.44		

**SUBTOTAL** of Receipts This Page (optional) .....

289.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)

James B. Pritchard

Mailing Address 5211 E. Helena

City State Zip Code  
 Scottsdale AZ 85254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMO

Occupation  
Senior Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5505

Amount of Each Receipt this Period

50.00

payroll deduction

B. Full Name (Last, First, Middle Initial)

James J. Ravasio

Mailing Address 3124 Argent Path

City State Zip Code  
 Ellensburg MO 21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMO

Occupation  
Senior Regional Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5506

Amount of Each Receipt this Period

40.00

payroll deduction

C. Full Name (Last, First, Middle Initial)

Beth Reyes

Mailing Address 35 Las Pisadas

City State Zip Code  
 Rancho S Margarita CA 92688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Medical Optics,  
Inc.

Occupation  
Director Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5464

Amount of Each Receipt this Period

40.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) .....

130.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Paul W. Rockley  
Mailing Address 535 De Anza Dr.

City State Zip Code  
Corona del Mar CA 92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Medical Optics

Occupation  
Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5465

Amount of Each Receipt this Period

80.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)  
Kevin J. Shearer  
Mailing Address 4344 53rd Ave. NE

City State Zip Code  
Seattle WA 98105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMO

Occupation  
Senior Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1574.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5508

Amount of Each Receipt this Period

152.22

payroll deduction

**C.** Full Name (Last, First, Middle Initial)  
Wayne A. Spencer  
Mailing Address 11894 SE Main Ln.

City State Zip Code  
Portland OR 97236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMO

Occupation  
Senior Equipment Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5509

Amount of Each Receipt this Period

60.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

292.22

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Andris Stapars

Mailing Address 2602 Freeman Ct.

City State Zip Code  
 Southlake TX 76092

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advanced Medical Optics

Occupation  
Manager National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

796.56

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5466

Amount of Each Receipt this Period

123.40

payroll deduction

Full Name (Last, First, Middle Initial)

**B.** Dinamarie Stefani

Mailing Address 25032 Via Del Rio

City State Zip Code  
 Lake Fores CA 42630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advanced Medical Optics,  
Inc.

Occupation  
Sr. QA Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5467

Amount of Each Receipt this Period

50.00

payroll deduction

Full Name (Last, First, Middle Initial)

**C.** Leeanne Swift

Mailing Address 25315 Plantation Dr. NE

City State Zip Code  
 Atlanta GA 30324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AMO

Occupation  
Regional Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

881.60

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5511

Amount of Each Receipt this Period

108.24

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

281.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nicholas Tarantino

Mailing Address 19 Larkfield Ln.

City State Zip Code  
Laguna Niguel CA 92677

FEC ID number of contributing federal political committee.

C

Name of Employer  
Advanced Medical Optics,  
Inc.Occupation  
Director, Clinical R&D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5469

Amount of Each Receipt this Period

80.00

payroll deduction

Full Name (Last, First, Middle Initial)

B. Duc Q. Tran

Mailing Address 402 Timberwood

City State Zip Code  
Irvine CA 92620

FEC ID number of contributing federal political committee.

C

Name of Employer  
Advanced Medical OpticsOccupation  
Eng. Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5470

Amount of Each Receipt this Period

40.00

payroll deduction

Full Name (Last, First, Middle Initial)

C. Charles III Trenary

Mailing Address 3 Flax

City State Zip Code  
Coto de Caza CA 92679

FEC ID number of contributing federal political committee.

C

Name of Employer  
Advanced Medical OpticsOccupation  
President Americas

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1707.79

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5471

Amount of Each Receipt this Period

265.40

payroll deduction

SUBTOTAL of Receipts This Page (optional) .....

385.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Michael Tyson

Mailing Address 92 Circle Court

City State Zip Code  
Mission Viejo CA 92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMO

Occupation  
Director Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5512

Amount of Each Receipt this Period

100.00

payroll deduction

**B.** Full Name (Last, First, Middle Initial)

David B. Weals

Mailing Address 13743 Bainwick Dr.

City State Zip Code  
Pickerton OH 43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMO

Occupation  
Equipment Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.27

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5513

Amount of Each Receipt this Period

110.98

payroll deduction

**C.** Full Name (Last, First, Middle Initial)

Aimee Weisner

Mailing Address 20191 Cattail Cir.

City State Zip Code  
Huntington Beach CA 92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Medical Optics

Occupation  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5474

Amount of Each Receipt this Period

40.00

payroll deduction

**SUBTOTAL** of Receipts This Page (optional) .....

250.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vic Wildenradt

Mailing Address 2213 Pebble Beach Dr.

City State Zip Code  
 Plainfield IL 60544

FEC ID number of contributing federal political committee.

C

Name of Employer  
AMOOccupation  
Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

622.70

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5514

Amount of Each Receipt this Period

80.40

payroll deduction

Full Name (Last, First, Middle Initial)

B. Vicki L. Williams

Mailing Address 6403 Arbor Rose Ln.

City State Zip Code  
 Spring TX 77379

FEC ID number of contributing federal political committee.

C

Name of Employer  
AMOOccupation  
Refractive Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.33

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5515

Amount of Each Receipt this Period

40.00

payroll deduction

Full Name (Last, First, Middle Initial)

C. William H. Woodward

Mailing Address 1808 Pony Run Rd.

City State Zip Code  
 Raleigh NC 27615

FEC ID number of contributing federal political committee.

C

Name of Employer  
AMOOccupation  
Regional Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.53

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.5516

Amount of Each Receipt this Period

123.50

payroll deduction

SUBTOTAL of Receipts This Page (optional) .....

243.90

TOTAL This Period (last page this line number only) .....

3820.38

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. NATIONAL LEADERSHIP PAC**

Mailing Address PO box 5577

City  
New York

State  
NY

Zip Code  
10027

Purpose of Disbursement  
contribution

Candidate Name  
NATIONAL LEADERSHIP PAC

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: SB23.5522

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

## **B. NEW DEMOCRAT COALITION**

Mailing Address 607 14th Street NW Suite 800

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
contribution

Candidate Name  
NEW DEMOCRAT COALITION

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 10

Transaction ID: SB23.5518

Date of Disbursement

MM / DD / YYYY  
12 / 08 / 2006

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

4000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Advanced Medical Optics Inc Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Comerica Bank

Mailing Address 611 Anton Blvd.

City Costa Mesa State CA Zip Code 92626-1904

Purpose of Disbursement

Bank Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB29.5524

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10.00

**TOTAL** This Period (last page this line number only) .....

10.00